TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
14705
CERTIFICATE OF DEATH
12. USUAL RESIDENCE (Where deceased lived, 15 institution: Residence before

73100	OERTHOAT	L OI PLATIT		73140
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE	E (Where deceased lived, If institute b. COUNTY	tion: Residence before admission)
Somerset	MARYLAND		ryland	Somerse
b. CITY OR TOWN (if outside corpora	ate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o	outside corporate limits, write i	RURAL and give nearest town)
write RURAL and give nearest to Crisfield	22 Days	TTee en O ee	Tie famous to	19 1
		d. STREET ADDRESS	Fairmount	1 a 10 peripense
	ION (if not in hospital, give street address)	d. SIREEI ADDRESS		e. IS RESIDENCE ON A FARM?
McCready Memo	rial Hospital			YES NO
DECEASED	First Middle	Last	4. DATE Month	Day Year
		Bozman	DEATH Oct.	18 19 66
5. SEX 6. COLOR OR RACE	7. MARRIED X NEVER MARRIED	8. DATE OF BIRTH		NDER 1 YEAR IF UNDER 24 HRS.
Female White	WIDOWED DIVORCED J	ULY 14,188	9 77 yrs. Mor	ths Days Hours Min.
IOa. USUAL OCCUPATION (Give kind of work	k done 10b. KIND OF BUSINESS OR			12. CITIZEN OF WHAT
during most of working life, even if retire HOUSEWIFE	ed) INDUSTRY			COUNTRY?
		ORIOLE, M		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDE	N NAME	
GEORGE WILLI	N G	ANNIE TO	DD	
15. WAS DECEASED EVER IN U.S. ARMED F	ORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	
(Yes, no, or unkown) (If yes give war or dates		CTTMINE DO	WAN HORED TO	TOWATTIME ME
		CLINTON BO	ZMAN UPPER FA	IRMOUNT, MD.
18. CAUSE DF DEATH [Enter only or	ne cause per line for (a), (b), and (c).1			INTERVAL BETWEEN ONSET AND DEATH
PART 1. DEATH WAS CAUSED B'	Y: The man	1. 1. f.		3 Cart
331 X		- CALLYEVY	The state of the s	
	ETO -1 (7)		2 N-
cenditions, if any, which	(b) terrinal	Melimonia		Jour
cause (a), stating the DUI	ETO /0 4 / 1/	1 /		
underlying cause last.	(c) United l'esse	cular wee	refent	1 month
5 PART II. OTHER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DI	SEASE CONDITION GIVEN IN PAR	T1(a) 119. WAS AUTOPSY
P	. 8			PERFORMED?
PART II. OTHER SIGNIFICANT CONDITION 20a. ACCIDENT WAS UNDERLYING TO CAUSE OF DEL (IF EITHER, NOTIFY MEDICAL EXAM	Nastaer.			YES NO
20a. ACCIDENT WAS UNDERLYING OF DE	20b. DESCRIBE HOW INJURY OCCU	IRRED. (Enter nature of	injury in Part I or Part II of ite	m 18.)
OR CONTRIBUTING CAUSE OF DEA	INER)			
20c. TIME OF INJURY Month, Day, Hour a.m. p.m. 19	Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, far	m. 20f. (City or town)	(County) (State)
Hour a.m.	While - Not While - facto	ry, street, office bldg., etc	2.)	
p.m. 19				
21. I certify that (I) (this hos	spital) attended the deceased from	Uset 26, 19	66 to 3 ct 18	19 <u>44</u> , that (I) (we) last
saw the deceased alive on	10/18/66.19 and that	death occurred at	gry, from the causes and	on the date stated above.
22a, SIGNATURE			1 22	b. DATE SIGNED
142	B		ED. STAFF	10/12/11
22c. PHYSICIAN'S	/ Jan M.D), PHYS. (X) DI	IRECTOR PHYS.	6/14/26
NAME (Type)	7	ZZU. ADDRESS		
A . N	Barr, M.D.	Cris	field, Maryl	and
	THEREOF 23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town	or county) (State)
BURTAL 10/20/	1966 OLIVER T B	PATICITARE	PRINCESS AN	NE. MD.
24. FUNERAL DIRECTOR	1966 OLIVER T B	EAUCHAMP REC'	D BY REGISTRAR 25b. REGIS	NE MD TRAR'S SIGNATURE
LEVIN R. WILSON				
PRATH W. MITZOL	N PRINCESS ANNE,	MD. DATE	T 2 1 1956 200	ianles Judge

VR AI5 (4) 20M 1/65

HOUR TIPE

No. of the last of

JULY 15,1889 77

ORIGIZ, MARYEMENT D.S.A.

BUCL LOKA

ET. COLLATON SOZEAN UPPER PALENCENT, PU.

MUPING 10/99/1966 OLIVER . HOLDON PRINCESSANDE, NEXT LLVIN H. WILSON PRINCESS AND . HE

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
4706
CERTIFICATE OF DEATH
14709

1.	PLACE OF DEATH					2. USUAL RESIDENCE	E (Where deceas			ce before admission)
-	a. COUNTY	Somerset	-	MARYLA	n ASES	a. STATE	ryland	b. COUNT	-	mant
	b. CITY OR TOWN			c. LENGTH OF STAY		c. CITY OR TOWN (If		ate limits, write	e RURAL and a	rset
	Write RUBAL	(if outside corporated and give mearest tow	n)							- 1
	d NAME OF HOS	OITH ON HEREITIES	mr 456 A 1-	Lifey/pht/s	A	Cris	field		-/	9 - 1
TV.		Memorial		hospital, give street add	aress)	d. STREET ADDRESS				B. IS RESIDENCE ON A FARM?
P	recreately	riemolTa1	. nosi	prtar		R.F.D	•			YES NO X
3.	NAME OF	Fi	rst	Middle		Last	4. DATE	Month	Da	y Year
	(Type or print)	Wil	liam	Fletcher		Cullen	OF DEATH	Oct.	25	1966
5.	SEX	6. COLOR OR RACE	7. MARRIEI	NEVER MARRIED	图	B. DATE OF BIRTH	19. A	GE (In years II	UNDER LYEA	R IF UNDER 24 HRS
	Male	White	WIDOWED			ov 27, 1952	13	st birthday) W	onths Days	Hours Min.
108	LUSUAL OCCUPAT	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR		11. BIRTHPLACE (CO		foreign country)	1 12. CITIZEN	OF WHAT
dur	ing most of workl	ng life, even If retire	d)	INDUSTRY					COUNTR	Y?
- 20	None		1	None		Crisfield	A	ınq	USA	
13.	. FATHER'S NAMI	_				14. MOTHER'S MAID				
		ullen, Sr.				Jewell En	nis			
		VER IN U.S. ARMED FO (If yes give war or dates o		SOCIAL SECURITYNO.	17.	INFORMANT		Address		
1	No	None	act vice)	None	Jo	seph Cullen	, Sr., S	ame as	2. abcc	1
	18. CAUSE DE	EATH [Enter only on	e cause per	line for (a), (b), and (c).	-				INT	ERVAL BETWEEN
	PART I. DE	ATH WAS CAUSED BY		mari.T.	1	heart d	**	· · C.	ON.	SET AND DEATH
	pa = 1, -	IMMEDIATE CAUSE		onguna			ara a		260	so buren
	1575	DUE	TO	acute	Ro	ulure				
	Cenditions, if a		(b)		/_					
	cause (a), st		TO T	mongoli		201				
-	underlying cause		(0)							
100	PART II. OTHER'S	1		UTING TO DEATH BUT NO	TRELA	TED TO THE TERMINAL D	ISEASE CONDIT	ION GIVEN IN PA	ART 1(a) 19	. WAS AUTOPSY PERFORMED?
ICA	10	Tronchin	P.	nuconone	حاب				Y	ES NO
CERTIFICATION	20a. ACCIDENT	WAS UNDERLYING	20b.	DESCRIBE HOW INJURY	OCCU	RRED. (Enter nature of	Injury In Part	or Part II of	Item 18.)	
CER	(IF EITHER, NOT	NG [] CAUSE OF DEA IFY MEDICAL EXAMI	VER)							
AL.	20c. TIME OF I	NJURY Month, Day,	Year 20d.	INJURY OCCURRED 20	e. PLA	CE OF INJURY (Home, fa	rm, 20f. (Cit	y or town)	(County)	(State)
MEDICAL	Hour a.m	l.	While	Not While	facto	y, street, office bldg., e	tc.)			
×	p.n			rk at work		20.55	11	o of o	- 1. 1	
	21. I certify that (1) (this hospital) attended the deceased from Oct 17, 1966 to 0 25, 1966 that (1) (we) last									
	saw the deceased alive on Oct. 25. 1966, and that death occurred ab. 20M, from the causes and on the date stated above.									
	22a. SIGNATURE						MED		22b. DATE S	IGNED
	M.D. ATTENDING MED. STAFF PHYS.									
	22c. PHYSICIAL NAME (Ty	N'S ne)				22d. ADDRESS				
		Dr. C	G. P	awley.M.d		Crisfi	d d. M	8-		
232		ATION, 23b. DATE 1	HEREOF	23c. NAME OF CEN	ETERY		the same of the last of the la	TION (City, tow	n or county)	(State)
B	REMOVAL (Spe urial	Oct. 27	1966	Sunnyridge	e Ce	metery	Crisfi	eld, Md		
	. FUNERAL DIRE			ADDRESS			D BY REGISTR			NATURE
B	radshaw &	Sons, Cri	sfield	. Md.		DATE OF	CT 3 1 1	9\$6 /	liantes	Judge

VR A15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 1. PLACE OF DEATH a. CDUNTY by the tu a. STATE b. COUNTY after SUMERSET Somerant Md. MARYLAND CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) TOURS Crisfield Life Crisfield ,= d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS filled 6. IS RESIDENCE ON A FARM? 139 \$ 8. within 4th St. Miles Court YES NO completely i executed within 3. NAME DF DECEASED First Middle DATE Month Year 4. event, DORA H. 20 1966 LANE Oct (Type or print) DEATH 6. COLOR OR RACE | 7. MARRIED | ctement con DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS. NEVER MARRIED last birthday) Months Days Hours any Negro June WIDOWED DIVORCED [**IS94** 5 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) pe during most of working life, even if retired) COUNTRY? INDUSTRY and Laborer Seafood Crisfield US Md. physica n plea certificate 13. FATHER'S NAME removal, 14. MOTHER'S MAIDEN NAME this certificate has been signed by the attending detached for use as the burial-transit permit. The EDEPt. of Health prior to burial, cremation, or remove Charles Morgan Arnetta Waters 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. 1 Address death (Yes, no, or unkown) (If yes give war or dates of service) No 215-09-405 Marion Steveson CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN PHYSICIAN: The law requires that the the hospital or attending physician. ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to Immediate DUE TO cause (a), stating underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY PERFORMED? YES [NO T 20a. ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part | or Part |) of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. After While Not While be retained by at work at work the 1957, to 21. I certify that (I) (this hospital) attended the deceased from director, page 3 should should be filed with the saw the deceased alive on and that death occurred at M. from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. STAFF 10-24-66 M.D. DIRECTOR PHYS. Page 4 may 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) St. Crisfield, Md. Rawley BURIAL, CREMATION, 23b. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. DATE THEREO! (State) REMOVAL (Specify) 1966 Crism/leld Md. Asburv FUNERAL DIRECTOR ADDRESS 25b. REGISTRAR'S SIGNATURE 24. REC'D BY REGISTRAR 25a. VR A15 (4) DATE 15M 4-64

25.40° 4-78.0

147.19

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
14712 TATAO

	7		T OI DEATI			1	TITO
1. PLACE OF DEAT a. COUNTY	Somerset					v	ce before admission
h 0157 00 700		MARYLAND		ryland		DOUT	erset
D. CITY OR TOW Write, RURAL	/N (if outside corporate limits, and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (H			e RURAL and g	ive nearest town)
		/ Life		risfie	Td .		19-1
	SPITAL OR INSTITUTION (if not I		d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
McCread	ly Memorial Ho	spital	301 R	itchie	Blvd.		YES NO 3
3. NAME OF DECEASED	First	Middle	Last	4. DATE	Month	Day	Year
(Type or print)	Joseph	S.	McGrath	DF DEATH	Oct.	12	19 66
5. SEX	6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED	8. DATE OF BIRTH	9.	AGE (In years II	UNDER 1 YEAR	IF UNDER 24 HRS
Male	White widow		Nov. 21, 18	98 67	last birthday) W	Ionths Days	Hours Min.
Oa. USUAL OCCUPAT	ION (Give kind of work done lob	. KIND OF BUSINESS OR	11. BIRTHPLACE (C	ounty & State, o		12. CITIZEN	OF WHAT
Teacher &	Publisher No	ewspaper	Crisfield	Ma mort	and	USA	11
13. FATHER'S NAM		on operpos	14. MOTHER'S MAIL		and	Usak	
Levin S. N	AcGreth		Sarah Cox				
15. WAS DECEASED	EVER IN U.S. ARMED FORCES? 1	16. SOCIAL SECURITY NO. 1 17.	INFDRMANT	· · · · · · · · · · · · · · · · · · ·	Address		
(Yes, no, er unkown)	(If yes give war or dates of service) None	7.		0 13			. 1
		Lut	cs. Ivy T. M	curatn,	Same as		
	DEATH [Enter only one cause pe EATH WAS CAUSED BY:	er line for (a), (b), and (c).]	^	1			ERVAL BETWEEN SET AND DEATH
17411 1, 0	IMMEDIATE CAUSE (a)	arcimon	a of	all arm			- my
1001	DUE TO _	- \ 1					
Cenditions, If		c meterstae	as to her	en st	~		
gave rise to cause (a), s							
underlying caus							
PARTIL OTHER S 2Da. ACCIDENT OR CONTRIBUTI (IF EITHER, NO 2Dc. TIME OF Hour a.r	SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELI	ATED TO THE TERMINAL (DISEASE CONDI	TION GIVEN IN PA		WAS AUTOPSY PERFORMED? ES NO
2Da. ACCIDENT	WAS UNDERLYING [20b.	DESCRIBE HOW INJURY OCCU	URRED. (Enter nature of	f Injury in Pari	l or Part II of I	Item 18.)	
(IF EITHER, NO	ING (CAUSE OF DEATH TIFY MEDICAL EXAMINER)						
ZDc. TIME OF	INJURY Month, Day, Year 2Dd	. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, fa	rm. 20f. (C	ity or town)	(County)	(State)
Hour a.r	n. Whi	lle Not While facto	ory, street, office bldg., e			(2.1)	,
21. I certif	y that (!) (this hospital) atte	nded the deceased from	may 1	966. to a	4.12	. 194 S. H	hat (I) (we) last
	ceased alive on Oct						
22a. SIGNATUI		1		7		22b. DATE SI	
	and M. P	en freeze MIL	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	10/13	(66
22c. PHYSICIA NAME (T)	(N'S S. M. Pey	ton, M.D.	1 22d ADDRESS		isfield		
3a. BURIAL, CREM	MATION, 23b. DATE THEREOF	23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOC	ATION (City, tow	n or county)	(State)
Bur lal (Spe	10/15/66	Sunnyridge Ce	meterv		ield, Man		
24. FUNERAL DIRE		ADDRESS			RAR 25b. REG		IATURE
Bradshaw &	Sons, Crisfield	. Maryland	DATE OI	CT 18	1986 00	Marila.	0

1/65 VR AIS 20M

70 H and will all offices the plants will be a series The same of the sa to what it made and it r r and the second second of the

1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARY	YLAND
FOR STATE	14710 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	14712
HEALTH DEPT.	1. PLACE OF DEATH a. COUNTY a. STATE A. COUNTY D. C	ience before admission)
	a. COUNTY Somer Set MARYLAND B. STATE MC. B. COUNTY Sor	nerset
sary nera y be men eath	b. CITY OR TOWN (If outside corporate limits, write RURAL an write RURAL and give nearest town)	d give nearest town)
is necessary, o the funeral e 5 may be Department after death.	Kural- Krincess Honel Kural- Krincess H	nne
is no the See 5 aft aft.	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
delay is necessary and 3 to the funera 13. Page 5 may b a State Department 2 hours after death	3. NAME OF First Middle Last 14. DATE Month	Day Year
5.5	DECEASED (Type or print) Fleanor School Field DEATH OCT	22 19 66
		EAR HE UNDER 24 HRS.
death. If form fith form and 2 with form form	remale vegro widowed Divorced (CT. 23, 1726 39 yrs.)	
ter death. If Give Pages 1, g with form 1 and 2 with y event within	Qoa. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZ COUNTY / COUNTY	TEN OF WHAT
n 18. Gin e along pages 1 in any e	13. FATHER'S NAME	1.0,H.
hours after em 18. Giv ice along w e pages 1 a	Noch School field Cerie Crappe	
24 ho n Iten Office Office FIle , and	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, go, of unknown) ((If yes gire war or dates of service)	Λ ΛΛΙ
	NO 215-18-4940 Wm, Ames Princess	. Anne 14
certificate should be executed within iting the word "pending" in pencil ided to the Chief Medical Examiner's ld be used as a burial-transit permit, prior to burial, cremation, or remova	1-11-11-11-11-11-11-11-11-11-11-11-11-1	NTERVAL BETWEEN
Exa Exa nsit or	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia	
should be executed word "pending" in Chief Medical Exar as a burial-transit irial, cremation, or	Conditions, If any, which \	l week
f be Med Med Suria	gave rise to immediate	
hief hief s a l	underlying cause last. (c)	
ificate shoul the word the Chief to burial,	PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
iffica to the to to	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)	YES NOT
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) CAUSE OF DEATH.	
EXAMINER: This cer certificate, writin hould be forwarded fes. Rr. Page 3 should b signated agent, pric		(State)
NER: The forw se forw ge 3 sheet	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hour a.m.	
EDICAL EXAMINE cute the certific age 4 should be r your files. DIRECTOR: Page r its designated		and in my opinion
	death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner]
EDICAL Lite the See 4 your IRECT Its do	ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
TY MEDIC execute r. Page 4 for your RAL DIRECT th or its	DEPUTY MEDICAL EXAMINER 10-21	£-66
	Examiner's Everett Suttorio Address (Street, city, town, or county) Somers	
D DEPU please director retaine of Heal	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 22d.) LOCATION (City, town or county REMOVAL (Specify)	y) (State)
E - S - W	24. FUNERAL DIRECTOR ADDRESS , 25a. REG'D BY REGISTRAR 25b. REGISTRAR'S.	IGNATURE
VR AISME	Dans,) Server New Church Va DATE OCT 27 1866 golion	elen Judge
3500 4-64	y with the state of the state o	1 1 -



FOR STATE HEALTH DEPT. O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. pages and 2 with the State Department in any event within 72 hours after death.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 14 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 14714

	a. COUNTY	-				a STATE	MCE (Where deceased	h COUNTY		
-	b. CITY OR TO	Somerset WN (If outside corpora	ate limits.	MAR 1 c. LENGTH OF STA	RYLANO AY IN 1b	c. CITY OR TOWN (II	aryland If outside comprat		Somer:	
	Write RURAL	L and give nearest tow	wn)				risfield		,	0 /
-	d. NAME OF H	SFIELD OR INSTITUTION	ON (If not in	hospital, give street	address)	d. STREET AOORESS			8.	IS RESIDENCE
0		10 W. Mai				139½ S.	. Fourth	St.		ON A FARM?
1	3. NAME OF DECEASED	F	Irst	Middle		Last	4. DATE	Month	Day	Year
	(Type or print)	MAR	RION	F.	STE	EVENSON	DEATH	Oct.	27	1966
	5. SEX	6. COLOR OR RACE			1EO 8	8. DATE OF BIRTH	9. AGI	E (In years IFUN t birthday) Mont	OER 1 YEAR II	
	Female	Negro	WIOOWED	OIVORC	JEO 🔲 N	Nov. 30, 1	1911 54	yrs. Mont	ths Oays	Hours Min.
I	Oa. USUAL OCCUPA	TION (Give kind of work king life, even if retire	done 10b. I	KIND OF BUSINESS O	JR	11. BIRTHPLACE (S	State or foreign or	ountry) 1	12. CITIZEN OF	F WHAT
	Labo		S	eafood		Marylan			USA	
1						14. MOTHER'S MAIL				
		e Griffin				Dora H.	. Lane			
	15. WAS DEC EASEO EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unknown) (If yes give war or dates of service)									
	No Thomas Stevenson							Crist	rield,	Md.
	PART I. O 401 Conditions, if		Y: M	yocardia		arction			2 ONSE	TAND DEATH
	gave rise to cause (a), s underlying cau	stating the OUE	(c)				T-74620010171		140	- ALIXADOV
O LANCO	PARTH. OTHER					TEO TO THE TERMINAL			YES	PERFORMEO?
211624	20a. EXTERNA PRIMARY OF CAUSE OF DEA	AL CAUSE WAS I CONTRIBUTING [20b.	DESCRIBE HOW INJ	URY OCCUP	PRREO. (Enter nature o	f injury in Part i	or Part II of Item	m 18.)	
I CO I COST	Hour a.	INJURY Month, Oay, .m. 19	While		20e. PLAC factor	CE OF INJURY (Home, fary, street, office bidg., e	farm, 20f. (City etc.)	or town)	(County)	(State)
		21. I certify that I took charge of the remains described above, held an Autopsy , Inspection X, Inquiry , and in my opinion								
	death result	ted from: Natura	l causes X	, Accident	, Sui	cide, Homici	ide 🔲, Und	tetermined man	iner 🗌	
		nin	7	0		CHIEF MEDICA		i		
	SIGNATURE							DATE SIGNED		
			1000							
	SIGNATURE		-	1			CAL EXAMINER		10/28	/66
2	EXAMINER'S NAME (Type)		Rawl			Address (Stree	et, city, town, or c	county) Cr	risfie.	/66 ld,Md.
	EXAMINER'S NAME (Type) 23a. BURIAL, CREA REMOVAL (Sp	MATION, 23b. OATE	THEREOF	23c. NAME OF C		Address (Stree	et, city, town, or c	county) Cr	risfie.	/66 1d, Md. (State)
	EXAMINER'S NAME (Type) 23a. BURIAL, CREA	MATION, 23b. OATE	THEREOF			Address (Stree	et, city, town, or c	county) Cr ION (City, town o	risfie.	/66 1d, Md. (State) Md.

VR A15ME 3500 4-64

TO DEPUTY MEDICAL

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File of Health or its designated agent, prior to burlal, cremation, or removal, and

FOR STATE HEALTH DEPT.

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O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay coessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burlat-transit permit. File pages I and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

TO DEPUTY MEDIC

VR AISME (5) 5M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	14712	MEDICA	L EXAMINER'S	CERTIFICAT	E OF DEATH	14715		
1.	PLACE OF DEATH				I many	stitution: Residence before admission		
		omerset	MARYLAND	Par	/Land	Somerset		
	b. CITY OR TOWN (If outs write RURAL and give	ide corporate limits, nearest town)	c. LENGTH OF STAY IN 1b			rite RURAL and give nearest town		
	C	risfield	Lifetime		sfield	19.1		
			hospital, give street address)	d. STREET ADDRESS	7 7 A	e. IS RESIDENC ON A FARM?		
	S	lomers Cove	Marina	5 51	tandard Ave.	YES NO X		
3.	NAME OF DECEASED (Type or print)	WELLS	Middle VERNON	TODD	4. DATE Month OF OEATH Octobe	er 4 1966		
	SEX 6. COLO Male Whit		D NEVER MARRIED A	June 12, 19	9. AGE (In years last birthday) 48 yrs.	Months Days Hours Min.		
10a dur	. USUAL OCCUPATION (Give ing most of working life, e Waterman	kind of work done seen if retired)	KIND OF BUSINESS OR INDUSTRY		tate or foreign country) I, Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13.	FATHER'S NAME			14. MOTHER'S MAIL				
	We	lls W. Todd		Naomi	Trice			
15 (Ye	. WAS DECEASED EVER IN U. es, no, or unkown) (If yes gire NO	S. ARMED FORCES? 1 e war or dates of service)		INFORMANT s. Naomi Tod	5 Standard	i Ave. Maryland		
	18. CAUSE OF DEATH (E PART I, OEATH WAS IMMED	INTERVAL BETWEEN MINUTES						
	855 K	DUE TO						
	Conditions, if any, which gave rise to immediate (b) Probable seizure							
	cause (a), stating ti underlying cause last.	he > OUE TO	ituitary tum	or				
MEDICAL CERTIFICATION	PART II. OTHER SIGNIFICA	INT CONDITIONS CONTRI	BUT ING TO OFATH BUT NOT REL			YES NO		
	202. EXTERNAL CAUSE OF PRIMARY TO OF CONTRIBUTION OF DEATH.	WAS 20b.	DESCRIBE HOW INJURY OCCU	URRED. (Enter nature of	finjury in Part I or Part II o	f Item 18.)		
CER	CAUSE OF DEATH.		all on boat	injuring s	skull			
CAL	20c. TIME OF INJURY		. INJURY OCCURRED 2De. PLA	ACE OF INJURY (Home, fa ory, street, office bldg., a	arm, 20f. (City or town)	(County) (State)		
E A	4:30 20.00 10	0/4 1966 Whi	ork X at work	Marina	Crisfield	Som. Md.		
	21. I certify that I	took charge of the re	emains described above, he	ld an Autopsy,	Inspection 🔀 , Inqu	iry 🔀, and in my opinio		
	death resulted from:	Natural causes [, Accident x, Su	icide 🔲, Homici		manner [
	ACTUAL SIGNATURE	18Ra	wley		DICAL EXAMINER	22. DATE SIGNED		
	MAME (Type)	G. Rawley, 1		Address (Stree	t, city, town, or county)	risfield, Md.		
238	REMOVAL (Specify)	Oct. 7,1966	Sunnyridge G		Crisfield, N			
24				25a. RE	C'D BY REGISTRAR 25b. R			
	Bradshaw &	Sons - Cr	isfield, Md.	DATE	OCT 1 0 1966	Marles Jules		

TITEL THE WASHINGTON OF STREET J -A SECTION OF 1 17 . 1 001 Losso , Francisco Company Control - Santies ofderigati e e en dagaë A Trans